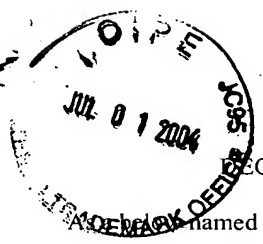


(US)



Atty. Docket No:

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

I, NOEL M. J. JONES named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "A RUNNER FOR A MOTOR VEHICLE SEAT"

the specification of which (check one): ☒ is attached hereto; ☐ was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable); ☐ was filed as PCT International Application No. _____ on _____ and was amended under Article 19 on _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

			Priority Claimed	
<u>03/04341</u>	<u>FRANCE</u>	<u>APRIL 08, 2003</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Application Serial Number)	(Country)	(Day/Month/Year Filed)	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Application Serial Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

_____	_____
(Application Serial Number)	(Day/Month/Year Filed)
_____	_____
(Application Serial Number)	(Day/Month/Year Filed)

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

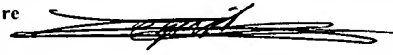
_____	_____	_____
(Application Serial Number)	(Day/Month/Year Filed)	(Status-Patented, Pending or Abandoned)
_____	_____	_____
(Application Serial Number)	(Day/Month/Year Filed)	(Status-Patented, Pending or Abandoned)

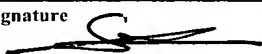
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: I hereby appoint William E. McCracken (Reg. No. 30,195) as my attorney, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Send correspondence to:

FIRM NAME	PHONE NO.	STREET	CITY & STATE	ZIP CODE
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State or Country	State or Country
Date :	Signature :

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City (Zip)	City (Zip)
State or Country	State or Country
Date :	Signature :